STD. 262 (REV.	EXPENSE CLAIM 9/2007)		ns and *Pri า Reverse S			Page	of	Pag	jes				
CLAIMANT'S NA	AME					SSN or EMPI	LOYEE NUM	BER*		_	RTMENT		
POSITION			CB/IE) No.		DIVISION or	BUREAU					INDEX NU	MBER
RESIDENCE ADDRESS *						HEADQUARTERS ADDRESS						TELEPHONE NUMBER	
CITY STATE ZIP CODE									STATE ZIP CO			ODE	
(1) NORMAL WC	DRK HOURS					(2) PRIVATE V	EHICLE LIC	ENSE NUI	MBER	(3) M	LEAGE RATE	CLAIMED	
(4) MONTH/YEAR	(6)	(7)	(8)	MEALS		(9)	TRANSPORTA	TION		(11)	(12)		
	LOCATION WHERE EXPENSES		BREAK-		0.T., L/ N/C, REL		(10) (A) COST OF	(B) (C) TYPE CARFARE,		(D)		DITEINESS	TOTAL EXPENSES
DATE TIME	- WERE INCURRED	LODGING		LUNCH	OR DINNE	TALS	TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		EXPENSE	FOR DAY
(13)													
	SUBTOTALS												
COLUMN	CODE (ACCTG. USE ONLY	<u>') </u>											
	CLAIM TOTAL												
(14) PURPOSE	OF TRIP, REMARKS AND DETAILS (Attach receipts/v	ouchers whe	n required)						А	GENCY AC		OFFICE
										PAID	BY REVOLVIN	SE ONLY IG FUND CHE	CK NUMBE
(15)								. ,,					
used, a SAM Se	BY CERTIFY That the above is a true nd if mileage rates exceed the minimulations 0750, 0751, 0752, 0753 and 07	e statement of th um rate, I certify 754 pertaining to	e travel expe that the cost vehicle safety	enses incurred of operating to and seat be	a by me in the vehicle It usage.	accordance wi was equal to o	in DPA rules or greater thai	in the ser n the rate	vice of the State claimed, and tha	ot Califo t I have r	rnıa. It a priva net the require	itely owned ve ments as pre	enicle was scribed by
CLAIMANT'S SI			DATE						NG TRAVEL ANI			ATE	
∑a ≤					1								

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

	Send		Save Data		Data	Cle	ar	Print		Impor	tant Note					
STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM STD. 262 (REV. 9/2007)				See Instructions and *Privacy Statement On Reverse Side					Page 1 of 1 Pages			es				
CLAIMANT'S NAME								SSN or EMPLOYEE NUMBER*					DEPARTMENT			
3-0-0-0-0		EHNI	ES									DME	IC	T	200000000000000000000000000000000000000	
POSITION CB/ID No.								DIVISION or I		PICE	INDEX NUMBER			MBER		
DIRECTOR NON								DIRECTOR'S OFFICE						1000	NE NUMBER	
RESIDENCE ADDRESS *								HEADQUARTERS ADDRESS 980 9TH STREET, SUITE 500						322-20		
CITY STATE ZIP CODE								CITY					STATE		ZIP CODE	
				CA			S	SACRAN	ÆNTO				CA	95814	k.	
1) NOR	MAL WO	RK HOUR	RS				(2) PRIVATE V	EHICLE LICE	ENSE NU	MBER	(3) MIL	EAGE RATE	CLAIMED		
(4) MONTH/YEAR		(6)		(7)	(8)	MEALS		(9)	(10) TRANSPORTAT			TION		(11)	(12)	
1-20-2-22		LOCATION	18. 52	\$5.25		O.T., L/T,	18 72	(A)	(B) (C)		(D)		16.65	TOTAL		
(5)		WHERE EXPENSES - WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO. OR	INCIDEN- TALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS,	PRIVATE CAR USE		BUSINESS	EXPENSES FOR DAY		
	TIME			LODGING	TAGI	LONGIT	DINNER	IALS	TIONS.	WELLOW, PROPER	PARKING	MILES	AMOUNT	EXFENSE	FOR DAT	
1-20	0600 1640	Sacram	nento to LA & Return							SC/A A/SC	15.00		0.00		15.00	
2-22	0530 1830	Sacram Return	ento to Oakland &							SC	4.00		0.00		4.00	
													0.00		0.00	
													0.00		0.00	
													0.00		0.00	
													0.00		0.00	
													0.00		0.00	
													0.00		0.00	
													0.00		0.00	
													0.00		0.00	
													0.00		0.00	
													0.00		0.00	
13)	20	SUBTO	DTALS	0.00	0.00	0.00	0.00	0.00	0.00		19.00	0.00	0.00	0.00	19.00	
co	LUMN	CODE ((ACCTG. USE ONLY)													
	30	CLAIM	TOTAL												\$19.00	
(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)												CCOUNTING OFFICE				
			ccess Regulation Me										US	E ONLY		
Parki	ng ticl	ket for	Sac Int'l Airport on	1/20/10 w	as not cla	aimed or	origina.	I TEC da	ted 01/20	010.		PAID B	Y REVOLVIN	G FUND CHE	CK NUMBEI	
2_22	_ Atte	nded a	Media Event & Pub	lic Hearir	og on Disc	count Pla	an Regul	ations								
			0 was not claimed or													
Pleas	e note	: The	Director parks in sh	ort-term p	oarking, a	s a reaso	onable ac	commod	ation.							
(15)	used, an	nd if milea	FY That the above is a true s ge rates exceed the minimum 50, 0751, 0752, 0753 and 0754	rate, certify t	hat the cost o	f operating t	he vehicle w	ccordance wit as equal to o	h DPA rules r greater than	in the sei	vice of the State claimed, and that	of Califon I have m	nia. If a priva et the require	tely owned ve ments as pres	hicle was scribed by	
CLAIMANT'S SIGNATURE			DATE	(13)) SIGNATURE OF OFFICER APPROVING TRAVEL AND F					ATE .				
A							B									
(17) SP	ECIAL E	XPENSE A	AUTHORIZATION - SIGNATUR	RE and TITLE	(See Item 17	on reverse)	2						DA	ATE		
<u>R</u>																